

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G209		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/30/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6511 NEBRASKA HAMMOND, IN 46323			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: March 26, 27, 28, 29, and 30, 2012</p> <p>Facility number: 000736 Provider number: 15G209 AIM number: 100234620</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/13/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #3 and #4) to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 3/28/12 from 7:00 P.M. until 9:10 P.M.. At 8:30 P.M., Direct Support Professional (DSP) #1 was observed administering client #3's bedtime medication in the living room while clients #1, #2 and #4 sat in the living room. DSP #1 described each of client #3's medication and the purpose of each medication while the other clients sat in the same room and could hear the medical information. At 8:40 P.M., DSP #1 was observed administering all of client #1's bedtime medication in the living room while clients #2, #3 and #4 were present. DSP #1 described each of client #1's medications and the purpose of each medication while the other clients sat in the same room and could hear the medical information. At 8:50 P.M., DSP #1 was observed administering all of</p>		W0130	<p>Community Services Nurse and Service Coordinator will retrain staff on privacy during medication administration. (4/29/12)</p> <p>To ensure future compliance Community Services Nurse and/or Service Coordinator will monitor medication administration at least bimonthly for sixty days and at least monthly thereafter.</p>		04/29/2012	

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	<p>client #4's bedtime medication in the living room while clients #1, #2 and #3 were present. DSP #1 described each of client #4's medications and the purpose of each medication while the other clients sat in the same room and could hear the medical information. At 8:55 P.M., DSP #1 was observed administering all of client #2's bedtime medication in the living room while clients #1, #3 and #4 were present. DSP #1 described each of client #2's medications and the purpose of each medication while the other clients sat in the same room and could hear the medical information. There was no training regarding privacy observed during medication administration.</p> <p>An interview with the Nurse was conducted at the facility's administrative office on 3/30/12 at 1:30 P.M.. The Nurse indicated all clients should have privacy during medication administration.</p> <p>9-3-2(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 2 of 2 sampled clients and 1 additional client (clients #1, #2, and #3).</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the group home observation period on 3/26/12 from 5:50 A.M. until 8:30 A.M.. From 5:50 A.M. to 6:15 A.M., clients #1, #2 and #3 sat with no activity. During the morning meal at 6:15 A.M., clients #1, #2 and #3 were not observed to participate in meal preparation, which consisted of cold cereal with cut up bananas, toast, sausage patty and a boiled egg, or set the dining table (help prepare meals with assistance as needed.) At 6:30 A.M., DSP #2 was folding clients #1, #2 and #3's clothes and towels. From 6:30 A.M. until 8:30 A.M., clients #1, #2 and #3 sat in the living room without activity. During the noted time periods, Direct</p>			W0249	<p>Service Coordinator will retrain DSPs on providing active treatment and family style dining according to state requirements. To ensure future compliance Service Coordinator will observe dining experience bimonthly for sixty days and at least monthly thereafter.</p>		04/29/2012

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	<p>Support Professional (DSP) #1 and #2 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 3/28/12 at 11:40 A.M.. A review of the client's 4/4/11 Individual Support Plan (ISP) indicated the following objectives which could have been implemented during the 3/26/12 morning observation period: "Will relearn to write his name...will learn to set the dining table...will learn to fold clothes or towels...will complete a hygiene check list."</p> <p>A review of client #2's records was conducted on 3/28/12 at 12:15 P.M.. A review of the client's 6/2/11 ISP indicated the following objectives which could have been implemented during the 3/26/12 morning observation period: "Will continue to do his own laundry...will participate in arts and crafts and cooking...will continue to complete a hygiene check list."</p> <p>A review of client #3's records was conducted on 3/28/12 at 12:40 P.M.. A review of the client's 6/10/11 ISP indicated the following objectives which</p>						

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	<p>could have been implemented during the 3/26/12 morning observation period: "Will make toast...will put away items daily...will chop up his banana."</p> <p>The Service Coordinator (SC) was interviewed on 3/30/12 at 2:15 P.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated clients #1, #2, and #3 should have had been provided with meaningful active treatment activities during the 3/26/12 morning observation period.</p> <p>9-3-4(a)</p>						

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to secure the medication cabinet keys for 4 of 4 clients living at the group home (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/26/12 from 5:50 A.M. until 8:30 A.M.. From 5:50 A.M. until 7:20 A.M., the medicine file cabinet located in client #1, #2 and #3's unsecured living room was observed to have the key in the lock while clients #1, #2, #3 and #4 sat in the living room at times unsupervised. At 7:20 A.M., Direct Support Professional (DSP) #1 was observed entering the unsecured medication area, turned the key to lock the cabinet, and grabbed the key out of the lock and placed the keys in an unsecured wooden key rack located on top of the desk in the unsecured living room.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 3/30/12 at 2:15 P.M.. The LPN indicated the medication keys should be kept on the</p>			W0382	<p>Community Services Nurse and/or Service Coordinator will retrain DSPs on securing medications according to state requirements.</p> <p>To ensure future compliance Community Services Nurse and/or Service Coordinator will observe medication administration bimonthly for sixty days and at least monthly thereafter.</p>		04/29/2012

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	<p>DSP's person at all times and should never be left hanging from the medicine cabinet.</p> <p>9-3-6(a)</p>						

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W0440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct evacuation drills during the morning shift (7:00 A.M. to 3:00 P.M.) during the first quarter (January 1st through March 31st) of 2011, during the evening shift (3:00 P.M. to 11:00 P.M.) during the second quarter (April 1st through June 30th) of 2011, and during the overnight shift (11:00 P.M. to 7:00 A.M.) during the fourth quarter (October 1st through December 31st) of 2011 which effected 4 of 4 clients living in the facility (clients #1, #2, #3 and #4.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 3/26/12 at 11:20 A.M.. The review failed to indicate the facility held a evacuation drills for clients #1, #2, #3 and #4 during the morning shift (7:00 A.M. to 3:00 P.M.) during the first quarter (January 1st through March 31st) of 2011, during the evening shift (3:00 P.M. to 11:00 P.M.) during the second quarter (April 1st through June 30th) of 2011, and during the overnight shift (11:00 P.M. to 7:00 A.M.) during the fourth quarter (October 1st through December 31st) of 2011.</p> <p>An Area Manager (AM) was interviewed</p>			W0440	<p>Area Manager will retrain DSPs on timeliness of fire drills. (4/19/12)</p> <p>To ensure future compliance Area Manager will monitor fire drills monthly.</p>		04/19/2012

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	<p>on 3/30/12 at 2:15 P.M.. The AM indicated evacuation drills are to be run during each quarter for each shift. The AM further indicated there was no documentation available for review to indicate a drill was conducted for the mentioned shift/quarter.</p> <p>9-3-7(a)</p>						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3 and #4) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/26/12 from 5:50 A.M. until 8:30 A.M.. During the observation Direct Support Professional (DSP) #1 prepared cold cereal, boiled egg, toast and a sausage patty. At 6:15 A.M., clients #1, #2, #3 and #4 were eating breakfast. The table was observed to have no butter, jelly, sugar/sugar substitute or ketchup. DSP #1 did not put out any condiments for the clients to use.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/30/12 at 2:15 P.M.. The SC indicated condiments should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>		W0484	<p>Service Coordinator will retrain DSPs on family style dining according to state requirements. To ensure future compliance Service Coordinator will observe dining experience bimonthly for sixty days and at least monthly thereafter.</p>		04/29/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4) participated in family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/26/12 from 5:50 A.M. until 8:30 A.M.. During the observation Direct Support Professional (DSP) #1 prepared cold cereal with cut up bananas, boiled eggs, toast and sausage patties. While DSP #1 prepared the morning meal clients #1, #2, #3 and #4 sat in the living room with no activity. At 6:15 A.M., DSP #1 walked around the table, set each client's prepared bowl and plate on the table. Clients #1, #2, #3 and #4 did not assist in meal preparation and did not serve themselves.</p> <p>Client #1's records were reviewed on 3/28/12 at 11:40 A.M.. A review of the client's 4/4/11 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p>		W0488	<p>Service Coordinator will retrain DSPs on active treatment for client participation according to state requirements. (4/29/12)</p> <p>To ensure future compliance Service Coordinator will observe clients preparing meals bimonthly for sixty days and at least monthly thereafter.</p>		04/29/2012	

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	<p>Client #2's records were reviewed on 3/28/12 at 12:15 P.M.. A review of the client's 6/2/11 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #3's records were reviewed on 3/28/12 at 12:40 P.M.. A review of the client's 6/10/11 Individual Support Plan (ISP) indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #4's records were reviewed on 3/28/12 at 12:55 P.M.. A review of the client's 12/12/11 ISP indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/30/12 at 2:15 P.M.. The SC indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the family dining process.</p> <p>9-3-8(a)</p>						